

MAIN STUDY - ROUND 19
COMMUNITY COMPONENT
OM. OTHER MEDICAL EXPENSES UTILIZATION

BOX OM1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX PMS1 . OTHERWISE, GO TO OM1.
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- OM1. Next I'm going to ask you about other medical expenses that (you/SP) may have had between [(PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for eyeglasses or contact lenses?

OMPREYEG YES 1 (OM2)
 NO 2 (OM3)
 REFUSED -7 (OM3)
 DON'T KNOW -8 (OM3)

- OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

EVNTTYPE
OMETYPE
EVBEGMM
EVBEGDD
EVBEGY

BOX OM1AA	IF SP HAD ANY MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM2a FOR EACH DATE ENTERED AT OM2. OTHERWISE, GO TO OM3.
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- OM2a. On (DATE AT OM2), did (you/SP) buy or repair the glasses or contact lenses at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the glasses or lenses at the HMO; at an optician, optometrist or other place that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

- OM3. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

OMPRHEAR YES 1 (OM4)
 NO 2 **BOX OMA1**
 REFUSED -7 **BOX OMA1**
 DON'T KNOW -8 **BOX OMA1**

- OM4. When did (you/SP) buy or repair a hearing or speech device? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1BB	IF SP HAD ANY MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM4a FOR EACH DATE ENTERED AT OM4. OTHERWISE, GO TO BOX OMA1 .
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- OM4a. On (DATE AT OM4), did (you/SP) buy or repair the hearing or speech device at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the hearing or speech device at the HMO; from an audiologist, speech pathologist, or other provider that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OMA1	IF OM6 = 4, 5, 6, 91 AND OM7b = 1 FOR THE (FIRST/NEXT) ORTHOPEDIC ITEM FROM THE PREVIOUS ROUND, GO TO OMS5. OTHERWISE, GO TO OM5.
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- OMS5. At the time of the last interview, (you were/SP was) renting (OM6 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (OM6 ITEM) being rented?

RENTSTIL YES 1 **BOX OM1EE**
RENTRECR NO 2 (OM7c)
RENTENDR EVENT ENTERED IN ERROR 3 **BOX OMA1**
 REFUSED -7 **BOX OMA1**
 DON'T KNOW -8 **BOX OMA1**

OM5. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, and braces or supports.]

SHOW CARD OM1	OMPRORTH	YES	1 (OM6)
		NO	2 (OM9)
		REFUSED	-7 (OM9)
		DON'T KNOW	-8 (OM9)

OM6. What was the item?

ORTHTYPE	BRACES OR SUPPORTS.....	1 (OM7)
	CANE	2 (OM7)
	CORRECTIVE SHOES OR INSERTS	3 (OM7)
	CRUTCHES	4 (OM6a)
	EVOSTEXT	WALKER
EVNTQUES	WHEELCHAIR/CART	6 (OM6a)
	OTHER (SPECIFY)	91 (OM6a)

OM6a. Did (you/SP) buy or repair the (OM6 ITEM), or did (you/SP) rent (it/them)?

RENTPROB	BUY/REPAIR	1 BOX OM1
	RENT	2 BOX OM2
	REFUSED	-7 BOX OM1
	DON'T KNOW	-8 BOX OM1

BOX OM1	IF EVENT ADDED:
	■ THROUGH OM, GO TO OM7.
	■ THROUGH UTS, GO TO UTSINTRC.
	■ THROUGH ST, GO TO BOX ST12B .
	■ THROUGH NS, GO TO BOX NS12 .
	■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.
	■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.

BOX OM2	IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b.
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OM7. When did (you/SP) buy or repair the (ITEM FROM OM6)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

EVBEGMM
EVBEGDD
EVBEGY

BOX OM1CC	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM7aa FOR EACH DATE ENTERED AT OM7. OTHERWISE, GO TO OM8.
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OM7aa. On (DATE IN OM7), did (you/SP) buy or repair the (OM6 ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM6 ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM2A	GO TO OM8.
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OM7a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM6).
[ENTER ONLY ONE DATE.]

EVBE GMM
EVBE GDD
EVBE GYY

OM7b. (Are you/Is SP) still renting the (OM6 ITEM)?

RENTSTIL RENTRECR RENTENDR	YES	1	BOX OM1DD
	NO	2	(OM7c)
	REFUSED	-7	BOX OM3a
	DON'T KNOW	-8	BOX OM3a

BOX OM1DD	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM7d. OTHERWISE, GO TO BOX OM3b .
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BOX OM3	<p>a. FILL OM7c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM7c. What was the last date the (OM6 ITEM) was rented?

EVENDMM
EVENDDD
EVENDYY

_____/_____/_____
MONTH DAY YEAR

BOX OM1EE	<p>IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM7d. OTHERWISE, IF COMING FROM OMS5, GO TO BOX OMA1; IF COMING FROM OM7c, GO TO BOX OM4.</p>
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OM7d. Did (you/SP) rent the (OM6 ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM6 ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX OM4	<p>IF OMS5 \neq -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA1. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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- OM8. In addition to the orthopedic item(s) you just told me about, did (you/SP) buy, repair or rent any other orthopedic items [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP	YES	1 (OM6)
	NO	2 (OM9)
	REFUSED	-7 (OM9)
	DON'T KNOW	-8 (OM9)

- OM9. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy diabetic equipment or supplies, such as those listed on this card? [Diabetic supplies include syringes, test paper, and test strips.]

SHOW CARD OM2	OMPRDIAB	YES	1 (OM10)
		NO	2 (OM11)
		REFUSED	-7 (OM11)
		DON'T KNOW	-8 (OM11)

- OM10. When did (you/SP) buy diabetic equipment or supplies? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1FF	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM10a FOR EACH DATE ENTERED AT OM10. OTHERWISE, GO TO OM11.
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- OM10a. On (DATE IN OM10), did (you/SP) buy the diabetic equipment or supplies at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying the diabetic equipment or supplies at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- OM11. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) use any ambulance or rescue squad service?

OMPRAMBL	YES	1 (OM12)
	NO	2 (OM13)
	REFUSED	-7 (OM13)
	DON'T KNOW	-8 (OM13)

- OM12. When did (you/SP) use an ambulance? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1GG	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM12a FOR EACH DATE IN OM12. OTHERWISE, GO TO OM13.
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- OM12a. Was the ambulance on (DATE) provided by or approved by [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could mean that the ambulance was sent by the HMO or that (you/SP) or someone for (you/SP) had contacted the HMO for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

- OM13. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy or pay for repairs for any prostheses, such as those on the card? [Prostheses include artificial leg or arm, mastectomy prosthesis, and glass eye.]

SHOW CARD OM3	OMPRPROS	YES	1 (OM14)
		NO	2 BOX OMA4
		REFUSED	-7 BOX OMA4
		DON'T KNOW	-8 BOX OMA4

- OM14. When did (you/SP) buy or repair the prosthesis? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1HH	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM14a FOR EACH DATE ENTERED AT OM14. OTHERWISE, GO TO BOX OMA4 .
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OM14a. On (DATE AT OM14), did (you/SP) buy or repair the prosthesis at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the prosthesis at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

OM15 - OM18 OMITTED

BOX OMA4	IF OM20b = 1 FOR THE (FIRST/NEXT) OXYGEN-RELATED EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS19. OTHERWISE, GO TO OM19.
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OMS19. At the time of the last interview, (you were/SP was) renting oxygen-related equipment. As of (today/date of death/date of institutionalization) (is/was) the oxygen-related equipment being rented?

RENTSTIL RENTRECR RENTENDR	YES	1	BOX OM1KK
	NO	2	(OM20c)
	EVENT ENTERED IN ERROR	3	BOX OMA4
	REFUSED	-7	BOX OMA4
	DON'T KNOW	-8	BOX OMA4

OM19. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any (other) expenses for oxygen or supplies or oxygen-related equipment?

OMPROXGN	YES	1	(OM19a)
	NO	2	BOX OMA11
	REFUSED	-7	BOX OMA11
	DON'T KNOW	-8	BOX OMA11

OM19a. What was that?

OXGNTYPE	OXYGEN/SUPPLIES	1	(OM20)
STOMTYPE	EQUIPMENT	2	(OM19b)

OM19b. Did (you/SP) buy or repair the oxygen-related equipment, or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	BOX OM5
	RENT	2	BOX OM6
	REFUSED	-7	BOX OM5
	DON'T KNOW	-8	BOX OM5

BOX OM5	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM20. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM6	<p>IF EVENT ADDED THROUGH OM, GO TO OM20a. OTHERWISE, GO TO OM20b.</p>
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OM20. When did (you/SP) purchase the (oxygen or supplies)/(oxygen-related equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE

EVBE GMM

EVBE GDD

EVBE GYY

BOX OM1II	<p>IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM20aa FOR EACH DATE ENTERED AT OM20. OTHERWISE, GO TO BOX OM7.</p>
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OM20aa. On (DATE IN OM20), did (you/SP) buy or repair the (OM19a RESPONSE ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM19a ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM7	<p>IF OM20d NOT EQUAL TO -1, GO TO BOX OMA11. OTHERWISE, GO TO OM20d.</p>
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OM20a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the oxygen-related equipment.
[ENTER ONLY ONE DATE.]

EVBEGMM

EVBEGDD

EVBEGYY

OM20b. (Are you/Is SP) still renting the oxygen-related equipment?

RENTSTIL	YES	1	BOX OM1JJ
RENTRECR	NO	2	(OM20c)
RENTENDR	REFUSED	-7	BOX OM8a
	DON'T KNOW	-8	BOX OM8a

BOX OM1JJ	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO BOX OM8b .
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BOX OM8	<p>a. FILL OM20c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM20c. What was the last date the equipment was rented?

EVENMMM

EVENDDD

EVENDDYY

_____/_____/_____
MONTH DAY YEAR

BOX OM1KK	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM20d1. OTHERWISE, IF COMING FROM OMS19, GO TO BOX OMA4 ; IF COMING FROM OM20c, GO TO BOX OM9 .
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OM20d1. Did (you/SP) rent the oxygen equipment at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the oxygen equipment at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OM9	IF OMS19 \neq -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA4 . OTHERWISE, IF EVENT ADDED: ■ THROUGH OM, GO TO BOX OM10 . ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B . ■ THROUGH NS, GO TO BOX NS12 . ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM10	IF OM20d NOT EQUAL TO -1, GO TO OM21. OTHERWISE, GO TO OM20d.
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OM20d. In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did (you/SP) [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?

TEMP YES 1 **BOX OM11**
 NO 2 **BOX OMA11**
 REFUSED -7 **BOX OMA11**
 DON'T KNOW -8 **BOX OMA11**

BOX OM11	IF OM19a = 1, GO TO OM19b. IF OM19a = 2, GO TO OM20.
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BOX OMA11	IF OM22b = 1 FOR THE (FIRST/NEXT) KIDNEY DIALYSIS EQUIPMENT RENTAL FROM THE PREVIOUS ROUND, GO TO OMS21. OTHERWISE, GO TO OM21.
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OMS21. At the time of the last interview, (you were/SP was) renting equipment for kidney dialysis. As of (today/DATE OF DEATH/INSTITUTIONALIZATION), (is/was) the equipment being rented?

RENTSTIL	YES	1	BOX OM1NN
RENTRECR	NO	2	(OM22c)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA11
	REFUSED	-7	BOX OMA11
	DON'T KNOW	-8	BOX OMA11

OM21. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?

OMPRKDN	YES	1	(OM21a)
	NO	2	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

OM21a. What was that?

KDNYTYPE	SUPPLIES	1	(OM22)
STOMTYPE	EQUIPMENT	2	(OM21b)

OM21b. Did (you/SP) buy or repair the dialysis equipment, or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	BOX OM12
	RENT	2	BOX OM13
	REFUSED	-7	BOX OM12
	DON'T KNOW	-8	BOX OM12

BOX OM12	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM22. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM13	<p>IF EVENT ADDED THROUGH OM, GO TO OM22a. OTHERWISE, GO TO OM22b.</p>
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- OM22. When did (you/SP) (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1LL	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM22aa FOR EACH DATE ENTERED AT OM22. OTHERWISE, GO TO BOX OM14 .
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- OM22aa. On (DATE IN OM22), did (you/SP) buy (or repair) the (OM21a ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM21a ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM14	IF OM22d NOT EQUAL TO -1, GO TO BOX OMA18 . OTHERWISE, GO TO OM22d.
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- OM22a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the kidney dialysis equipment. [ENTER ONLY ONE DATE.]

EVBE GMM
EVBE GDD
EVBE GYY

- OM22b. (Are you/Is SP) still renting the kidney dialysis equipment?

RENTSTIL	YES	BOX OM1MM
RENTRECR	NO	2 (OM22c)
RENTENDR	REFUSED	-7 BOX OM15a
	DON'T KNOW	-8 BOX OM15a

BOX OM1MM	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO BOX OM15b .
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BOX OM15	<p>a. FILL OM22c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM22c. What was the last date the equipment was rented?

EVENDMM
EVENDDD
EVENDYY

_____/_____/_____
MONTH DAY YEAR

BOX OM1NN	<p>IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, GO TO OM22d1. OTHERWISE, IF COMING FROM OMS21, GO TO BOX OMA11; IF COMING FROM OM22c, GO TO BOX OM16.</p>
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OM22d1. Did (you/SP) rent the (OM21a ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM21a ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX OM16	<p>IF OMS21 \neq -1 FOR THIS (NEXT) EVENT, GO TO BOX OMA11. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM17	IF OM22d NOT EQUAL TO -1, GO TO OM23. OTHERWISE, GO TO OM22d.
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OM22d. In addition to the [(dialysis supplies)/(dialysis equipment)] that you just told me about, did (you/SP) [(buy dialysis supplies)/(obtain any dialysis equipment)]?

TEMP	YES	1	BOX OM18
	NO	2	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

BOX OM18	IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22.
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BOX OMA18	IF OM24 = 1, 2, 4, 8, 91 AND OM26a1 = 1 FOR THE (FIRST/NEXT) MEDICAL EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS23. OTHERWISE, GO TO OM23.
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OMS23. At the time of the last interview, (you were/SP was) renting (PREV. ROUND OM24 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (PREV. ROUND OM24 ITEM) being rented?

RENTSTIL RENTRECR RENTENDR	YES	1	BOX OM1QQ
	NO	2	(OM26b)
	EVENT ENTERED IN ERROR	3	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

OM23. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, rent, or repair any other medical equipment besides what we have talked about? [Other medical equipment and supplies include portable commode or raised toilet seat, portable tub seat, special chairs or cushions, hospital beds, ostomy supplies, Depends or Serenity (disposable diapers), bandages, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, et al.]

SHOW CARD OM4	OMPROTHR	YES	1	(OM24)
		NO	2	BOX OM24
		REFUSED	-7	BOX OM24
		DON'T KNOW	-8	BOX OM24

OM24. What kind of equipment was the item?

OTHRTYPE EVOSTEXT EVNTQUES STOMTYPE	PORTABLE COMMODE OR RAISED	
	TOILET SEAT	1 (OM24a)
	PORTABLE TUB SEAT	2 (OM24a)
	SPECIAL CHAIR/CUSHION/MATTRESS	3 (OM24a)
	HOSPITAL BED/BED SIDES	4 (OM24a)
	OSTOMY SUPPLIES	5 (OM25)
	DEPENDS, SERENITY (I.E., DISPOSABLE DIAPERS)	6 (OM25)
	BANDAGES, DRESSINGS, TAPE SUPPLIES	7 (OM25)
	PULMONARY EQUIPMENT	8 (OM24a)
	OTHER (SPECIFY)	91 (OM24a)

OM24a. Did (you/SP) buy or repair the (OM24 ITEM), or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1 BOX OM19
	RENT	2 BOX OM20
	REFUSED	-7 BOX OM19
	DON'T KNOW	-8 BOX OM19

BOX OM19	IF EVENT ADDED:
	■ THROUGH OM, GO TO OM26.
	■ THROUGH UTS, GO TO UTSINTRC.
	■ THROUGH ST, GO TO BOX ST12B .
	■ THROUGH NS, GO TO BOX NS12 .
	■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.
	■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.

BOX OM20	IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1.
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OM25. [INTERVIEWER: THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REF. DATE).

How many times [since (REF. DATE) (have you/has SP) bought or obtained/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (you/SP) buy or obtain] (ITEM IN OM24)?

GETNUM PMROTYPE	NUMBER OF TIMES:	(OM27)
	REFUSED	-7 (OM27)
	DON'T KNOW	-8 (OM27)

OM26. When did (you/SP) buy or repair the (ITEM IN OM24)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]
[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM100	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26aa FOR EACH DATE ENTERED AT OM26. OTHERWISE, GO TO OM27.
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OM26aa. On (DATE IN OM26), did (you/SP) buy or repair the (ITEM IN OM24) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (ITEM IN OM24) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

OMSATHMO YES 1
NO 2
REFUSED -7
DON'T KNOW -8

BOX OM21	GO TO OM27.
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OM26a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM24) [ENTER ONLY ONE DATE.]

EVBE GMM
EVBE GDD
EVBE GYY

OM26a1. (Are you/Is SP) still renting the (OM24 ITEM)?

RENTSTIL YES 1 **BOX OM1PP.**
NO 2 (OM26b)
REFUSED -7 **BOX OM22a.**
DON'T KNOW -8 **BOX OM22a.**

BOX OM1PP	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO BOX OM22b.
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BOX OM22	<p>a. FILL OM26c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
-------------	--

OM26b. What was the last date (you/SP) rented the (OM24 ITEM)?

OMETYPE
EVENMMM
EVENDDD
EVENDDYY

_____/_____/_____
MONTH DAY YEAR

BOX OM1QQ	IF SP HAD MEDICARE HMO OR PRIVATE HMO THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, IF COMING FROM OMS23, GO TO BOX OMA18 ; IF COMING FROM OM26b, GO TO BOX OM23 .
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OM26c. Did (you/SP) rent the (ITEM IN OM24) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (ITEM IN OM24) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OM23	<p>IF OMS23 \neq -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA18. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
-------------	---

OM27. In addition to the medical equipment you just told me about, did (you/SP) buy, rent, or repair any other medical equipment since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP

YES	1 (OM24)
NO	2 BOX OM24
REFUSED	-7 BOX OM24
DON'T KNOW	-8 BOX OM24

BOX OM24	IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD, GO TO OM30. OTHERWISE, GO TO OM28.
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OM28. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples. [Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]

SHOW CARD OM5

OMPRALTR

YES	1 (OM29)
NO	2 BOX PMS1
REFUSED	-7 BOX PMS1
DON'T KNOW	-8 BOX PMS1

OM29. What was the alteration?

ALTRTYPE

ELEVATOR OR INCLINE CHAIR	1
HANDRAILS (OTHER THAN TUB)	2
RAMPS	3
TUB HANDRAILS	4
EVOSTEXT	
TUB SEAT	5
EVNTQUES	
ANY CAR ALTERATION	6
Other (SPECIFY)	91

OM30. [Last time (you/SP) had started to make an alteration (ALTERATION FROM OM29) that was not completed as of (PREVIOUS ROUND INTERVIEW DATE).]
On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?
[ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]

OM31. In addition to the alteration(s) you just told me about, did (you/SP) make any other alterations because of some illness or injury [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP

YES	1 (OM29)
NO	2 BOX PMS1
REFUSED	-7 BOX PMS1
DON'T KNOW	-8 BOX PMS1

OM1. OTHER MEDICAL EXPENSES UTILIZATION

This attachment shows an example of the visit roster for Other Medical Expenses Utilization. The roster is displayed for questions OM2, OM4, OM7, OM7a, OM10, OM12, OM14, OM20, OM20a, OM22, OM26, and OM26a.

For the visit roster at OM2, display "N/A" (for "not applicable") in the column labeled "PURCHASES" and in the column labeled "STOP DATE." Display the name of the item from question OM1. Place the cursor on the first entry field for the date and allow the entire date to be entered. If CTRL/A is pressed after the first entry, display "N/A" in "PURCHASES" and "STOP DATE" column and the name of the item from question OM1 on the next line of the roster. Place the cursor on the first entry field for the date and allow the entire date to be entered for the next item.

Display "N/A" in the column labeled "PURCHASES" for all other medical expenses except for those coded 5 or 6 at question OM24. For those items coded 5, 6, or 7 at question OM24, display "N/A" in the date column and copy the number of times entered at OM25 to the visit roster.

Display "N/A" in column labeled "STOP DATE" for all other medical expenses except for those coded as "rental" (OM6a = 2, OM19b = 2, OM21b = 2, OM24a = 2). For items entered as a rental, the roster should display a start date and a stop date (as shown below) and the letter "R" (as shown below). If the item is currently being rented (OM7b = 1, OM20b = 1, OM22b = 1, or OM26a1 = 1) or is being added to the roster, display "N/A" in the stop date column. If the item is no longer being rented, display the stop date as entered in OM7c, OM20c, OM22c, and OM26b respectively. Visit rosters shown at OM7, OM7a, OM20, OM20a, OM22, OM22a, OM26, and OM26a should display all purchased and rented items of the particular event type (for example: oxygen and oxygen-related equipment).

OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION.)]
[ENTER ALL DATES.]

(TO ADD A DATE, PRESS CTRL/A.)
TO LEAVE SCREEN, PRESS ESC.

START	STOP	PURCHASES	OME TYPE
MM/DD/YY	MM/DD/YY	N/A R	(ITEM FROM OM1)